CALTE.004CP1 Customer No.: 20,995

## AMENDMENT / RESPONSE TRANSMITTAL

\*Applicant

cket No.:

Anderson, et al.

App. No.

09/849,869

Filed

May 4, 2001

For

PAIN SIGNALING

**MOLECULES** 

Examiner

: Ulm, John D.

Art Unit

1646

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

July 12, 20047

Michael L. Fuller, Reg. No. 36,516

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response in 11 pages.
- (X) Declaration by inventor David J. Anderson in 3 pages.
- (X) An Information Disclosure Statement in 1 page.
- (X) PTO Form 1449 listing 3 references all of which are enclosed.

The fee has been calculated as shown below:

FEE CALCULATION											
FEE TYPE						FEE CODE	CALCULATION				TOTAL
Total Claims	30	-	101	=	0	1202 (\$18)	0	х	18	=	\$0
Independent Claims	5	-	20	=	0	1201 (\$86)	0	х	86	=	\$0
Multiple Claim						1203 (\$290)					\$0
1 Month Extension						1251 (\$110)					\$0
2 Month Extension	<u> </u>					1252 (\$420)	<u>-</u>				\$0
3 Month Extension						1253 (\$950)					\$950
							TOTAL FEE DUE			\$950	

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(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

- (X) A check in the amount of \$950 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Michael L. Fuller

Registration No. 36,516

Attorney of Record

Customer No. 20,995

(619) 235-8550